

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

District of _____

Division _____

2:22-cv-02117-GMN-NJK

Lisandro Quintanilla

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Golden Entertainment

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☐ Yes ☐ No

FILED	RECEIVED
ENTERED	SERVED ON
COUNSEL/PARTIES OF RECORD	
DEC 21 2022	
CLERK US DISTRICT COURT DISTRICT OF NEVADA	
BY: _____	DEPUTY

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Lisandro Quintanilla
Street Address	2763 Kline Circle #1
City and County	Las Vegas, Clark
State and Zip Code	Nevada 89121
Telephone Number	702-241-5088
E-mail Address	quintanillamelady@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1

Name

Stratospher Tower Casino

Job or Title *(if known)*

Street Address

2000 Las Vegas Blvd

City and County

Las Vegas, Clark

State and Zip Code

Nevada 89104-2507

Telephone Number

702-380-7277

E-mail Address *(if known)*

Defendant No. 2

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 3

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 4

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question ☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* Lisardo Quintanilla, is a citizen of the State of *(name)* Nevada.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* _____, is a citizen of the State of *(name)* _____. Or is a citizen of *(foreign nation)* _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.
Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I was wrongfully fired

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I was accused of Stealing a speaker that I did not Touch

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Dec. 20, 2022

Signature of Plaintiff

Printed Name of Plaintiff

Lisandro Quintanilla

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

COPY GIVEN TO PAYROLL

RECEIVED

GOLDEN

SEP 19 2022

SEP 19 2022

SEP 19 2022

ENTERTAINMENT

Personnel Action Form (PAF)

HUMAN RESOURCES

Property/Location: STRAT		TID ID #: 8514 ✓	Hire Date: 04/26/2005 ✓	Re-Hire Date:
Last Name: QUINTANILLA ✓		First Name: LISANDRO ✓		MI:
Address:		CITY:	State:	ZIP:
E-mail Address: quintanillalisandro60@gmail.com		Main Contact Phone #: 702)241-5088		Cell Phone #:

<input type="checkbox"/> New Hire	<input type="checkbox"/> Re-Hire	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	<input type="checkbox"/> Layoff	<input type="checkbox"/> Rtn from Layoff	<input type="checkbox"/> Correction
<input type="checkbox"/> Shift Bid	<input type="checkbox"/> Promo Bid	<input type="checkbox"/> Bump	<input type="checkbox"/> Dual Rate	<input type="checkbox"/> Shift Change	<input type="checkbox"/> Status Change	<input type="checkbox"/> Salary Change	<input checked="" type="checkbox"/> Separation

Effective Date: 9/16/2022		Inter-company Transfer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	New Property or Location:	Change Reason:	
Current Division #: 030 ✓	Current Division: FOOD ✓			New Division #:	New Division:
Current Dept/Location: 0390 ✓	Current Department/Location: STEWARDS OPERATIONS ✓			New Dept/Location:	New Department/Location:
Current Position #: 301001 ✓	Current Position Title: KITCHEN WORKER (ET-UNION) ✓			New Position #:	New Position:
Reports to Supervisor: HERNESTO A REYNOSO		<input type="checkbox"/> Addition to Staff <input type="checkbox"/> Replacement (List Name of Team Member replacing)			
Current Pay Rate: \$21.12 ✓	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary	New Pay Rate \$		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Current Status: <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Standby Extra <input type="checkbox"/> Seasonal	New Status:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Standby Extra <input type="checkbox"/> Seasonal
Current Shift: <input type="checkbox"/> Days <input checked="" type="checkbox"/> Swing <input type="checkbox"/> Grave <input type="checkbox"/> Varies	<input type="checkbox"/> Temp <input type="checkbox"/> Layoff	New Shift:		<input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Grave <input type="checkbox"/> Varies	
Current Hours: <input type="checkbox"/> 6 hrs <input checked="" type="checkbox"/> 8 hrs <input type="checkbox"/> 10 hrs <input type="checkbox"/> Varies		New Hours:		<input type="checkbox"/> 6 hrs <input type="checkbox"/> 8 hrs <input type="checkbox"/> 10 hrs <input type="checkbox"/> Varies	

Comments: LISANDRO QUINTANILLA SEPARATION.

Layoff Date:	Return Date:	Pay thru Date:	Days Off:	Available for extra work:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pay Vacation/PTO:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TID Initial for PTO Pay:
Layoff Reason:								
Comments:								

Separation Date: 9/16/2022	Last Day Worked: 9/05/2022	Pay thru Date: 9/05/2022	Days Off: TUE. & WED.	Two Week Notice Given:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pay Vacation/PTO:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Separation Reason: VIOLATION OF COMPANY RULE #29				Comments: SEPARATION UNDER RULE#29			

Department Manager Name (please type or print): HERNESTO A REYNOSO	Department Manager Signature: <i>[Signature]</i>	Date: 9-17-2022
Team Member Signature: <i>[Signature]</i>	Date: 9-17-2022	Human Resources Signature: <i>[Signature]</i>
Department Vice President Signature (if additional approvals are needed):	Date:	Corporate Human Resources (if additional approval is needed): <i>[Signature]</i>

GRIEVANCE FACT SHEET

HOJA DE DATOS DEL AGRAVIO

(PLEASE PRINT) (LETRA DE MOLDE)

Today's Date: 9-15-22
 Fecha de Hoy:

Name: Lisandro G. Quintanilla
 Nombre: Lisandro G. Quintanilla
 First Name Middle Initial Last Name
 Nombre Inicial Apellido

Home Address: 2703 Kline Circle Apt. #1 City: LAS Vegas Zip code: 89121
 Domicilio: Stratosphere Casino Ciudad: Código Postal:

Employer: Stratosphere Casino LV #:
 Empleador: LV#:

Job Classification: Kitchen worker Shift: Day Swing Grave Days Off: S M T W TH F S
 Clasificación de Empleo: Turno: Días Libres: D L M M J V S

Date of Hire: 4-26-05 Status: Regular Full-time Part-Time Flex Layoff StExtra On-Call Extra
 Fecha de Contratación: Estatus:

Cell/Home Phone Number(s): (702) 241-5088
 Número(s) de Tel. de Casa/Mensaje:

Email: quintanillamelody@gmail.com Step One Attached: Yes No
 Step One Adjunto: Si No

Type of Occurrence: Discipline / Contract Violation
 Tipo de Incidente: Sanción / Violación del Contrato

(COMPLAINT) (QUEJA)

Please explain your grievance as briefly as possible, however, include what happened (facts), when it occurred, where it occurred, who was involved (names and titles), and whether or not there were any witnesses.
 Por favor explique su queja siendo lo más breve posible, pero incluya lo que pasó (datos), cuándo ocurrió, dónde ocurrió, quién estuvo involucrado (nombres y puestos), y si hubo o no testigos.

Date of Actual Occurrence: Month: Sept. Day: 5th Year: 2022 Time of Day: 1:45pm
 Fecha de Incidente: Mes: Día: Año: Hora del Día:
 Date Discipline Issued: Month: Sept. Day: 5th Year: 2022 Time of Day: 2:00pm
 Fecha de la Sanción: Mes: Día: Año: Hora del Día:

Witnesses (Names & Titles): no witnesses
 Testigos (Nombres y Puestos):
 Detalles/Details: On September 5th, 2022 around 1:45pm afternoon, my manager Lister called me into the security office and asked me about a speaker that was in a basket by the trash. I said it was by the dishwasher machine. I told them I was going to give it to my manager and let him know about the speaker, but I got too busy working and forgot to let him know. So the security accused me of taking it when I never did, and also I never left work. I was still on duty. The security office suspended me pending investigation for 5 working days and further notice. Or when I receive a callback.

Signature:
 Firma:

Lisandro Quintanilla

AHORA QUE HA SIDO DESPEDIDO...

El Sindicato intentará recuperar su empleo por usted. ¿Qué debe hacer usted?

- Colabore con su Especialista de Agravios. Responda rápidamente cuando lo contacten. Obtenga los documentos que le pida su Especialista de Agravios. Ayude a identificar a posibles testigos.
- Busque empleo.

Debe activamente buscar empleo todos los días cuando sea despedido, a pesar de estar esperando los resultados de su agravio. No recibirá sueldos caídos por ningún período durante el cual no intente obtener otro empleo. Esto es lo que debería hacer:

- Solicite empleo en todo establecimiento con o sin unión.
- Busque en páginas web de agencias de empleo, y busque trabajos compatibles con sus cualificaciones. Ejemplos:
 - Craigslist.com
 - Glassdoor.com
 - Indeed.com
 - LinkedIn.com
 - Monster.com

Debe guardar un registro impreso que provenga de la compañía indicando dónde y cuándo buscó empleo. No podrá recordarlo más adelante. Nadie puede hacer eso. *Asegúrese de guardar copias de todos los papeles que reciba durante su búsqueda de trabajo.* Esto incluye solicitudes de empleo, hojas de referencia, cartas, solicitudes en-línea, correos electrónicos y textos.

Si es contratado mientras su agravio está en proceso, también guarde copias de *todos* sus talones de cheque, formularios W-2 y demás comprobantes de ingresos.

Si cumple con los requisitos para recibir sueldos caídos, necesitará estos documentos para establecer que usted mitigó (buscó trabajo o trabajó) como lo requiere el Contrato de Negociación Colectiva. Si usted no puede proporcionar estos documentos, aunque hubiera sido elegible para recibir los sueldos caídos, el empleador podrá negárselos.

EL PROCEDIMIENTO DE AGRAVIOS

USTED ACABA DE PRESENTAR UNA HOJA DE DATOS DE AGRAVIO. ¿AHORA QUÉ PASA?

1. La Unión llevará a cabo una investigación inicial del tema. Si la Unión considera que no ha habido una violación del contrato, no se tomará ninguna acción adicional y se le dará a usted notificación. Si la Unión considera que podría haber una violación del contrato, se presentará una carta oficial de agravio, escrita a máquina, al Empleador. Nosotros solicitaremos información del Empleador para continuar nuestra investigación.
2. Si se necesita una reunión para profundizar más en la investigación del agravio, la Unión intentará programar una reunión entre usted, el Representante de la Unión o el Shop Steward, y el Empleador. No realizaremos la reunión sin usted. Si usted no está disponible la reunión se cancelará. Si usted sigue no estando disponible, la Unión retirará su caso.
3. Si no se lleva a cabo una reunión, o no se puede llegar a un acuerdo, la Unión determinará si enviará o no el agravio al siguiente paso del procedimiento de agravios. Si en cualquier momento durante el procedimiento de agravios, la Unión decide retirar su agravio, se le notificará a usted por escrito.
4. El paso final del procedimiento de agravios es el arbitraje. La Unión no lleva todos los agravios a arbitraje. Sólo siguen adelante aquellos casos que se considera que tienen buena posibilidad de éxito en un arbitraje.
5. El arbitraje es similar a un juicio pero es menos formal. Un árbitro funge como juez. Él o ella es un experto en lo laboral elegido para escuchar su caso. El arbitraje es un proceso largo. Con frecuencia, puede tardar un (1) año o más para que se tome una decisión definitiva. Las decisiones de los arbitrajes son definitivas.
6. Es importante tener en cuenta que aunque muchos agravios se resuelven dentro de los primeros varios meses después de la fecha en que se presentan, otros pueden tomar mucho más tiempo. No es raro que un agravio siga sin resolución por más de un (1) año.

¿CUÁLES SON SUS RESPONSABILIDADES COMO EL AGRAVIADO?

1. Siempre infórmenos de dónde podemos encontrarlo. Si usted cambia de dirección o número de teléfono, por favor avísele a la Unión lo antes posible. Si no podemos localizarlo tenemos que retirar su agravio.
2. Usted es responsable de coordinar con cualquier testigo que pueda presentar pruebas a su favor en cualquier reunión entre la Unión y el Empleador.
3. Si ha sido despedido asegúrese de presentar su solicitud para desempleo y empiece a buscar trabajo lo antes posible. Como se ha indicado, el proceso de agravios puede tomar mucho tiempo.
4. Cuando se comunique con la Unión acerca de su agravio o cuando nos dé documentos adicionales para su agravio, por favor *incluya el número de su agravio*.

Culinary Workers Union, Local 226

Reconozco que he sido informado de las obligaciones antes mencionadas.

No. de Agravio: 20222330

Fecha: September 19, 2022

Nombre: Lisandro Quintanilla

Rep. de Agravio: Vernisha Ward (702) 386-5204

Firma:


Lisandro Quintanilla

Fecha: September 19, 2022

Testigo

Cintia Shawpstead

by Linda Whitcomb



**UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA**

**NOTICE REGARDING TEMPORARY SUSPENSION
OF LOCAL RULE IC 2-1(c)
SUBMISSION OF MANUAL DOCUMENTS BY EMAIL**

In further response to the challenges presented by COVID-19 the Court has agreed to accept documents submitted for filing by email.

- All documents submitted for filing **MUST** be in PDF format and cannot exceed 15mb in size.
- CD/DVD and large or hard exhibits must still be filed manually.
- The file date of the documents emailed will be the date of the email.
- Parties must still provide manual service of their documents to the other parties in the case.
- You may email documents to be filed as follows:

Las Vegas filings may be emailed to: lv_public_docketing@nvd.uscourts.gov

Reno filings may be emailed to: reno_public_docketing@nvd.uscourts.gov

**CONSENT TO RECEIVE NOTICES OF
ELECTRONIC FILINGS BY EMAIL**

Attached is a form to consent to receive notification of orders, notices, and other documents that are filed in your case by email. If you would like to elect to receive service of orders and documents by email rather than through the U.S. Mail, please complete the attached form and file it manually with the Clerk's Office. If you do not consent to receive notices by email, you will continue to receive the documents through the U.S. Mail.